

DOCKET NO. UM 2008

**Cover Sheet for Submission of
2019 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: Eagle Telephone System, INC dba Snake River PCS

Filing date: 6/28/2019

Is this: Original submission? ☒ X

OR

Revised submission? _____

Person to contact for questions:

Name Brandi Sangster

Phone number 541-893-6115

E-mail address eagle@eagletelephone.com

Documents included in this filing (please check applicable items):

_____ CAF/ICC Support (47 CFR § 54.304)

_____ Rate Floor Data (47 CFR § 54.313(h))

☒ X Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422)¹

_____ HUBB Portal Broadband Deployment Data

☒ X Affidavit for High-Cost Support

Filing deadlines: The Oregon deadlines for filing items required by 47 CFR § 54.304, 54.313, and 54.422 are the same as the deadlines for filing with the FCC. The notarized affidavit for high-cost support and HUBB deployment data must be filed no later than the due date for the FCC Form 481. Based on current information, it appears that all items other than CAF/ICC support data are due by July 1, 2019. The CAF/ICC support data is due on the same day as the ETC's interstate access tariff filing (per FCC DA 19-246, tariffs requiring 15-day notice are due on June 17, 2019, and those requiring 7-day notice are due on June 25, 2019).

¹ Lifeline-only ETCs must provide all information specified in 47 CFR § 54.422(b) even if the ETC does not submit this information to the FCC. This information is included in the following sections of the Form 481: 200 (outages), 400 (complaints), 500 (service standards), and 600 (emergency functionality).

DOCKET NO. UM 2008

If revisions to an original submission are filed with the FCC or USAC, a copy of the revisions must be filed with the Oregon Commission no later than five business days following submission to the FCC or USAC.

FILING INSTRUCTIONS

Please file submissions for this year in Docket No. UM 2008. Include this cover sheet with each filing to indicate which documents are included. Please fill in all relevant items of information on the cover sheet.

Filings must be electronically submitted to the PUC Filing Center. You may e-mail documents to puc.filingcenter@state.or.us. Please note that the upload process is no longer an option for filing. See the PUC website for further instructions. If selected portions of documents are to receive confidential treatment, those portions should not be filed electronically. You may electronically file redacted versions of documents containing confidential information, but then follow-up by sending full versions including confidential information printed on yellow paper.

After filing electronically, please send two hard copies of the filing package (cover sheet and filed information) to the PUC Filing Center. Be sure to include the original affidavit with the raised seal or notary's mark evident. Hard copies of confidential material should be filed in accordance with confidential designation requirements described in OAR 860-001-0070.

Regular delivery methods may be used to send all hard copy documents; overnight or express delivery is not necessary. Please send hard copy documents to the Filing Center via US mail using the following post office box address:

Public Utility Commission of Oregon
Attn: Filing Center
PO Box 1088
Salem, OR 97308-1088

If you send hard copy documents via means other than the US Postal Service, use the following address:

Public Utility Commission of Oregon
Attn: Filing Center
201 High Street SE, Suite 100
Salem, OR 97301

If you have any questions regarding the reporting requirements, please contact Kay Marinos at 503-378-6730 or send an e-mail to Kay.Marinos@state.or.us.



Universal Service
Administrative Co.

E-File

[USAC Home](#) | [High Cost Program](#) | [Search Tools](#) | [Form 481](#)

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Fri 28 Jun 19 06:38:10 PM EDT by mike@eagletelephone.com .

SAC : 539007

498 ID : 143034497

Carrier Name : EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS

Program Year : 2020

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at HCCERTS@USAC.ORG if you do not receive this email within 24 hours.

Please take this quick survey and give us your thoughts! Your feedback will help improve the filing process. [Take Survey](#)

[Return to 481 Search](#) [Print Confirmation Page](#)

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[Website & Privacy Policies](#)

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0886/OMB Control No. 3060-0819
July 2018

| | | |
|-------|---|---|
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2020 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Brandi Sangster |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | eagle@eagletelephone.com |
| | Form Type | 54.313 and 54.422 |

| | | |
|-------|---|---|
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER ECS |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | ea9le@eagletelephone.com |

(400) Number of Complaints per 1,000 customers
Data Collection Form

FCC Form 481
OMB Control No. 3060-0936/OMB Control No. 3060-0819
July 2018

| | | |
|-------|--|---|
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SHAKA RIVER PCS |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brendi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 8420936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |
| <400> | Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. | |
| <410> | Complaints per 1000 customers for fixed voice | |
| <420> | Complaints per 1000 customers for mobile voice | |

**(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form**FCC Form 481
OMB Control No. 3050-0886/OMB Control No. 3050-0819
July 2018

| | | |
|-------|---|---|
| <D10> | Study Area Code | 539007 |
| <D15> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SHAKE RIVER PCS |
| <D20> | Program Year | 2020 |
| <D30> | Contact Name - Person USAC should contact regarding this data | Brandt Sangster |
| <D35> | Contact Telephone Number - Number of person identified in data line <D30> | 5410936115 ext. |
| <D39> | Contact Email Address - Email Address of person identified in data line <D30> | eagle@eagletelephone.com |
| <S15> | Certify compliance with applicable minimum service standards | |

**(600) Functionality in Emergency Situations
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2018

| | | |
|-------|---|---|
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Bengster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |
| <600> | Certify compliance regarding ability to function in emergency situations | Yes |
| <610> | Descriptive document for Functionality in Emergency Situations | 539007line610form4812019.pdf |

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

| | | |
|-------|---|---|
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |
| <810> | Reporting Carrier | Eagle Telephone System, INC dba Snake River PCS |
| <811> | Holding Company | Eagle Telephone Systems, Inc. |
| <812> | Operating Company | Eagle Telephone System, INC dba Snake River PCS |

[illegible]

| | |
|--|--|
| (900) Tribal Lands Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018 |
|--|--|

| | |
|---|---|
| <010> Study Area Code | 539007 |
| <015> Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> Program Year | 2020 |
| <030> Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.319(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select Yes or No or Not Applicable |
|--|
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**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

| | | |
|-------|---|---|
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

<1000> Voice services rate comparability certification Not Applicable

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**
**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018**

| | | |
|-------|---|---|
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | esgle@eagletelephone.com |

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

(1200) Terms and Condition for Lifeline Customers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018Lifeline
Data Collection Form

| | | |
|-------|---|---|
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNACK RIVER PCS |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

539007lifelinendform4812019.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP www.eagletelephone.com

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

OMB Control No. 3060-0086/OMB Control No. 3060-0019

July 2018

Data Collection Form*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

| | |
|---|---|
| <010> Study Area Code | 539007 |
| <015> Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SHARK RIVER PCS |
| <020> Program Year | 2020 |
| <030> Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5418938115 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2018.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

| | | |
|-------|---|---|
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

| (3007a) | (3007b) |
|--------------------|-------------------------------------|
| Name of Consultant | Name of Consultant Firm/Third Party |
| | |
| | |
| | |
| | |

CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.

| | | |
|-------|---|---|
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

| | | |
|---------|--|---|
| (3009) | Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii) | |
| (3010A) | Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i)) | |
| (3010B) | Please Provide Attachment | Name of Attached Document Listing Required Information <input type="text"/> |
| (3012A) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) | |
| (3012B) | Please Provide Attachment | Name of Attached Document Listing Required Information <input type="text"/> |
| (3013) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) | (Yes/No) <input type="radio"/> <input type="radio"/> |
| (3014) | If yes, does your company file the RUS annual report | (Yes/No) <input type="radio"/> <input type="radio"/> |
| | Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | <input type="checkbox"/> |
| (3016) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | <input type="checkbox"/> |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | Name of Attached Document Listing Required Information <input type="text"/> |
| (3018) | If the response is no on line 3014, Is your company audited? | (Yes/No) <input type="radio"/> <input type="radio"/> |
| | If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: | |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | <input type="checkbox"/> |
| (3020) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | <input type="checkbox"/> |
| (3021) | Management letter and/or audit opinion issued by the Independent certified public accountant that performed the company's financial audit. | <input type="checkbox"/> |
| | If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: | |
| (3022) | Copy of their financial statement which has been subject to review by an Independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | <input type="checkbox"/> |
| (3023) | Underlying information subjected to a review by an Independent certified public accountant | <input type="checkbox"/> |
| (3024) | Underlying information subjected to an officer certification. | <input type="checkbox"/> |
| (3025) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | <input type="checkbox"/> |
| (3026) | Attach the worksheet listing required Information | Name of Attached Document Listing Required Information <input type="text"/> |

| | |
|--|---|
| (3015) Rate Of Return Carrier Additional Documentation (Continued) | FCC Form 481 |
| Data Collection Form | OMB Control No. 3060-0066/OMB Control No. 3060-0613 |
| | July 2013 |

| | |
|---|---|
| <010> Study Area Code | 539007 |
| <015> Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> Program Year | 2020 |
| <030> Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | esg10deas@eagletelephone.com |

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service (TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

| |
|--|
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| |
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| |

Name of Attached Document Listing Required Information

| | | |
|-------|---|---|
| <010> | Study Area Code | 939007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SHANE RIVER PCS |
| <020> | Program Year | 2020 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418336115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eeagle@eagletelephone.com |

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information

| | |
|---|---|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018 |
|---|---|

| | |
|---|---|
| <010> Study Area Code | 539007 |
| <015> Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> Program Year | 2020 |
| <030> Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|---|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date: 06/28/2019 |
| Printed name of Authorized Officer: Michael Lattin | |
| Title or position of Authorized Officer: President | |
| Telephone number of Authorized Officer: 5418936115 ext. | |
| Study Area Code of Reporting Carrier: 539007 | Filing Due Date for this form: 07/01/2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|---|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018 |
|---|---|

| | |
|---|---|
| <010> Study Area Code | 539007 |
| <015> Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> Program Year | 2020 |
| <030> Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: _____ | |
| Name of Reporting Carrier: _____ | |
| Signature of Authorized Officer: _____ | Date: _____ |
| Printed name of Authorized Officer: _____ | |
| Title or position of Authorized Officer: _____ | |
| Telephone number of Authorized Officer: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: _____ | |
| Name of Authorized Agent Firm: _____ | |
| Signature of Authorized Agent or Employee of Agent: _____ | Date: _____ |
| Name of Authorized Agent Employee: _____ | |
| Title or position of Authorized Agent or Employee of Agent: _____ | |
| Telephone number of Authorized Agent or Employee of Agent: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | |

Attachments

**AFFIDAVIT CERTIFYING EMERGENCY FUNCTIONALITY AND COMPLIANCE WITH SERVICE
QUALITY AND CONSUMER PROTECTION MEASURES 54.313(a)(5) AND 54.313(a)(6)**

I, Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of Eagle Telephone System, Inc. d.b.a. Snake River PCS and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true and accurate to the best of my knowledge, information, and belief.

The Company hereby certifies to the **Oregon Public Utility Commission, Federal Communications Commission**, and the **Universal Service Administrative Company** pursuant to the requirements under 47 C.F.R. 54.313(a)(5) and 54.313(a)(6) that in the provisioning of wireless voice services:


- 1) Snake River PCS has established operating procedures designed to facilitate compliance with applicable consumer protection rules.
- 2) Snake River PCS has established operating procedures designed to facilitate compliance with the CTIA Consumer Code for Wireless Carriers.
- 3) Snake River PCS has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 4) Snake River PCS is able to remain functional in emergency situations including a reasonable amount of back-up power to ensure functionality without an external power source, the ability to re-route traffic around damaged facilities, and the capability to manage traffic spikes resulting from emergency situations.

DATED this 28th day of June, 2019.

Eagle Telephone System, Inc. d.b.a. Snake River PCS

By: 
Mike Lattin
President

SUBSCRIBED AND SWORN to before me this 28th day of June, 2019.


Notary Public in and for the State of Oregon

My Commission Expires: July 25, 2020



***NEED ASSISTANCE PAYING YOUR TELEPHONE BILL? YOU MAY QUALIFY FOR
THE OREGON TELEPHONE ASSISTANCE PROGRAM (OTAP).***

Snake River PCS is your local wireless provider and a participant in the Oregon Telephone Assistance Program (OTAP), which can provide low-income households discounts of up to \$12.75 off our basic service rate. To find out if you qualify, visit www.puc.state.or.us. **Qualifying low-income households may apply for the OTAP program online at <http://www.rspf.org> or www.puc.state.or.us**

We provide our customers reliable, quality cellular service with our basic mobile mini-plan at a price comparable to that of our local basic wire-line service.

Basic Cellular Service Available From Snake River PCS

Our basic mini plan includes 200 daytime local minutes, 40 travel minutes, free incoming texts, unlimited long distance (within your minute allotment), voicemail, caller id and unlimited mobile to mobile minutes (with all other SRPCS customers). This plan is available at \$23.36 per month, taxes included. Our taxes do not change from month to month, this is a set rate. The OTAP credit is available on all of our service plans. If you have questions regarding our plans or assistance programs, please contact us at 541-893-6115 or stop by our office at 349 1st Street, Richland, OR. For more information regarding the lifeline America telephone assistance programs please visit www.lifeline.gov. * The program is limited to one discount per household. Use the household worksheet if there are multiple subscribers at one address. The service is not transferable and only eligible customers may enroll in the program. Federal lifeline supports are paid entirely by the Federal Lifeline Program.

Snake River PCS
WIRELESS SERVICE WHERE YOU LIVE & PLAY

349 1st Street

Richland, OR

541-893-6115

www.eagletelephone.com

**YOUR TELEPHONE SERVICE
IS YOUR
LIFELINE!**

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of Eagle Telephone System, d.b.a. Snake River PCS and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true to the best of my knowledge, information and belief.

Pursuant to the requirements of the Federal Communications Commission, 47 C.F.R. § 54.314, Eagle Telephone System, d.b.a. Snake River PCS hereby certifies to the Public Utility Commission of Oregon that it is eligible to receive federal high-cost support for the program years cited.

I attest that all federal high-cost support provided to Eagle Telephone System, d.b.a. Snake River PCS in Oregon was used in the preceding calendar year (2018) and will be used in the coming calendar year (2020) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DATED this 28th day of June, 2019.

By: [Signature] (Officer's Name)

Its: President (Officer's Title)

SUBSCRIBED AND SWORN to before me this 28th day of June, 2019.

Brandi Ann Sangster

Notary public in and for the State of Oregon

My Commission Expires: July 25, 2020

